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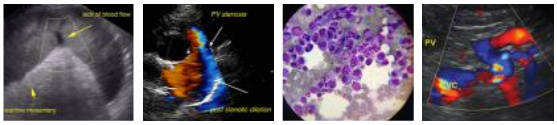


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Laszlo Gosnell

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

2yr

**WEIGHT**

19.8lb

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

**IMAGING PERFORMED BY**

Jenna Walsh CVT

**HOSPITAL NAME**

The Ark Veterinary Clinic

**REFERRING VET**

Dr. Sangl

**INVOICE**

13707ag

**DATE**

05/04/2023

## PRESENTING CLINICAL SIGNS

Vomiting up yarn, lethargy, eating less, drinking less.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

### *Spleen*

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

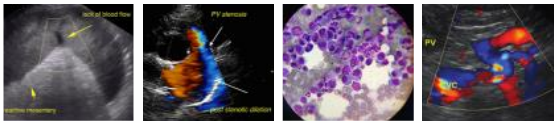
### *Liver/Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The fundus and body of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing with non-shadowing variably echogenic ingesta present in the pylorus.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental duodenojejunal corrugation was present with no evidence of plication. Minor segmental duodenojejunal ileus was present with concurrent segmental non-shadowing hyperechoic ingesta/chyme. Within the focal to segmental portions of the small intestine, ill-defined hyperechoic





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mildly shadowing non-obstructive echoes were present, an example measuring 0.2 cm in diameter. No evidence of pathology at the level of the ileocolic junction.

Normal visible colon wall layers were present with apparent formed feces in lumen.

### *Pancreas*

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

### *Free Abdomen*

No omental masses or peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.7 cm x 0.7 cm.

## ULTRASONOGRAPHIC FINDINGS

- Progressively shadowing gastric ingesta-no overt mechanical pyloric outflow obstruction.
- Enteritis pattern with segmental non-shadowing ingesta/chyme, mild non-obstructive intestinal ileus and intermittent hyperechoic jejunal echoes.
- Intermittent mild benign/reactive mesenteric lymph nodes-mild hyperplasia or reactive lymphadenitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive GI obstructive pattern was not present in this study. The gastric and segmental intestinal ingesta is non-specific and may indicate recent meal ingestion with some degree of gastric/intestinal metabolic or functional ileus potentially secondary to GI inflammation. If documented NPO and in light of patient history the possibility of intermixed foreign material i.e., yarn or similar within the gastric and intestinal ingesta is possible.

Given no overt obstructive pattern, hospitalization with IVF and GI support, documented 12-18 hour fast with radiographic or sonographic monitoring of the GI tract would be reasonable.

Exploratory laparotomy may be indicated if persistent retained gastric or intestinal ingesta in conjunction with persistent GI signs. GI biopsies would be considered essential despite exploratory findings if surgery is elected.

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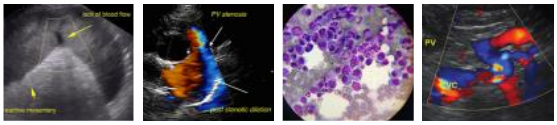

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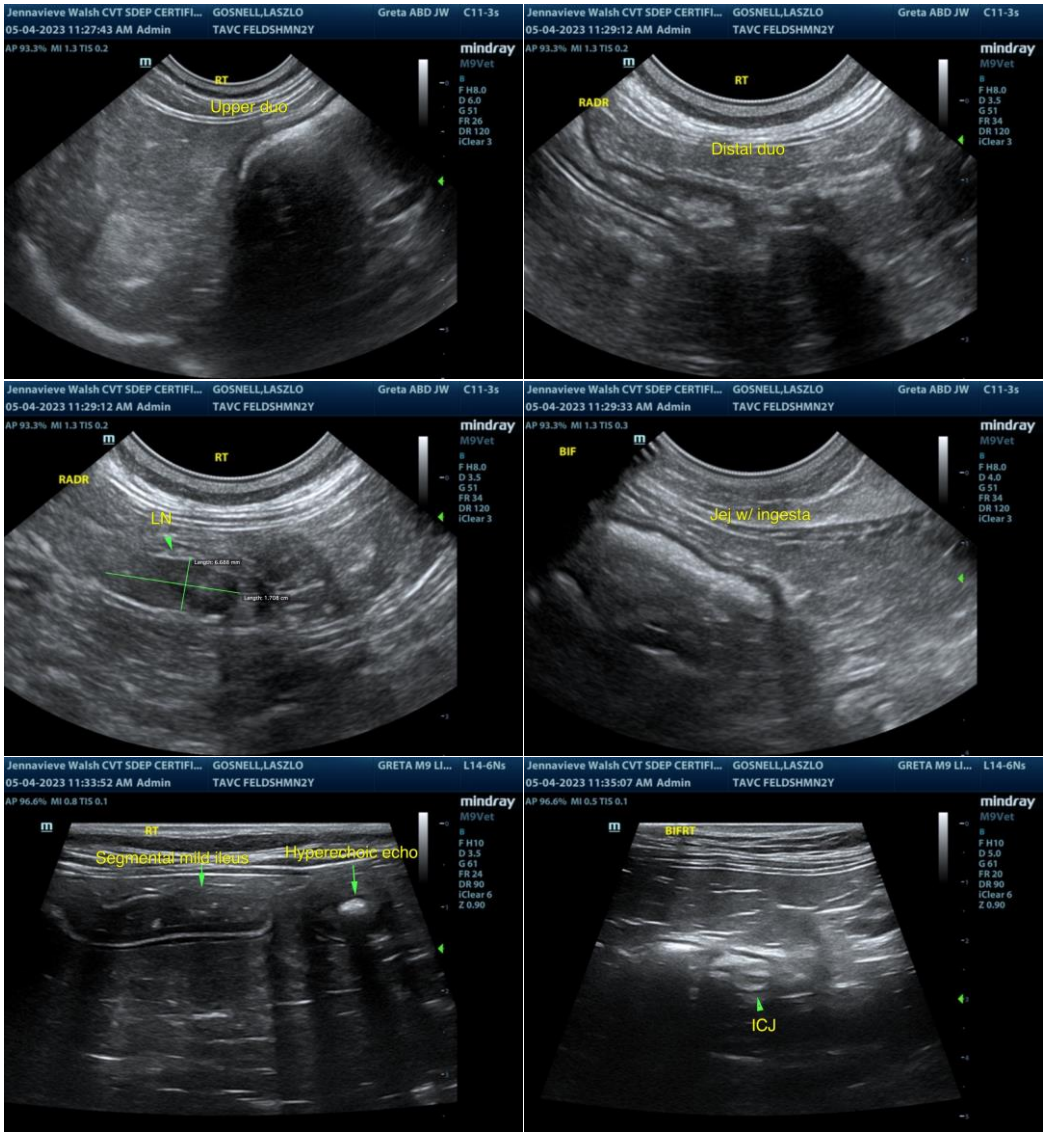

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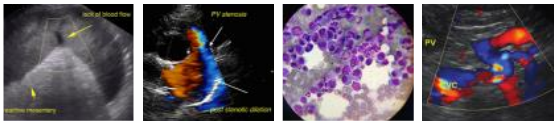

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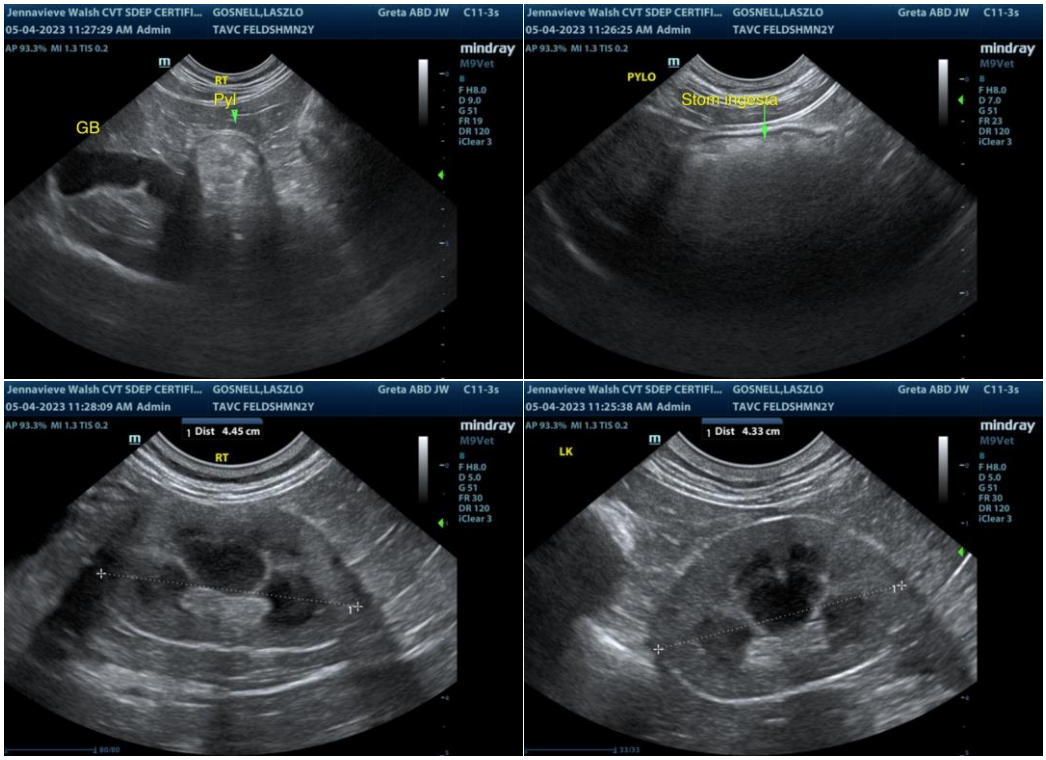


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**

**info@SonoPath.com**